

Ronald G. Rios
Freeholder Director

Blanquita B. Valenti
Deputy Director

Kenneth Armwood
Carol Barrett Bellante
Stephen J. Dalina
H. James Polos
Charles E. Tomaro
Freeholders



COUNTY OF MIDDLESEX

Office of County Counsel

Blanquita B. Valenti
Chairperson, Administration

John A. Pulomena
County Administrator

Thomas F. Kelso, Esq.
County Counsel

May 10, 2013

Keith J. Miller, Esq.
Robinson, Wettre & Miller LLC
One Newark Center, 19th Floor
Newark, NJ 07102

RE: Newark Morning Ledger Co. v. Middlesex County, New Jersey
Docket No. MID-L-2811-13

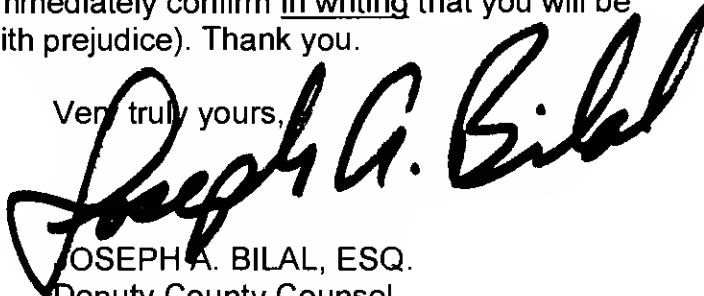
Dear Mr. Miller:

Enclosed is an un-redacted official copy of the autopsy report and toxicology test results (collectively the "autopsy report") for Terrence Tyler.

Per our various verbal and written communications, the County's providing of the autopsy report is expressly contingent upon your client's agreement to dismiss the pending litigation and not seek an award of attorney's fees. If this position has changed in any material way, you are not authorized to release the autopsy report to your client.

Upon receipt of the autopsy report, please immediately confirm in writing that you will be filing a Stipulation of Voluntary Dismissal (with prejudice). Thank you.

Very truly yours,


JOSEPH A. BILAL, ESQ.
Deputy County Counsel

JAB/id
Encls.

cc: Thomas F. Kelso, Esq., County Counsel (w/o encls.)
John A. Pulomena, County Administrator (w/o encls.)
Benjamin D. Leibowitz, Esq., Senior Deputy County Counsel (w/o encls.)
Andrew L. Falzon, M.D., County Medical Examiner (w/o encls.)
Margaret E. Pemberton, RMC, Clerk of the Board (w/o encls.)

Middlesex County... "The Greatest County in the Land"

75 Bayard Street, Room 230, New Brunswick, NJ 08901
732-745-3228 • Fax: 732-745-4539 • www.co.middlesex.nj.us



Christopher O. Rafano
Freeholder Director

Ronald G. Rios
Deputy Director

Carol Barrett Bellante
Stephen J. Dalina
H. James Polos
Charles E. Tomaro
Blanquita B. Valenti
Freeholders

**COUNTY OF MIDDLESEX
DEPARTMENT OF PUBLIC SAFETY AND HEALTH**

Office of the Medical Examiner

H. James Polos
*Chairperson, Public Safety
and Health Committee*

John A. Pulomena
County Administrator

Joseph W. Krisza
Department Head

Andrew L. Falzon, M.O.
County Medical Examiner

Oiane Karluk, M.O.
Assistant Medical Examiner

Alex Zhang, M.O.
Assistant Medical Examiner

732-745-3190
FAX: 732-745-3491

12121069

A-12-282

TYLER, Terrence

CERTIFICATION OF AUTOPSY PROCEDURE:

I hereby certify that I, Diane Karluk, M.D., Assistant Medical Examiner, Middlesex County, have conducted an autopsy on the unembalmed, refrigerated and identified body of Terrence Tyler, Case Identification No.: 12-12-1069, Autopsy No.: A-12-282, at the Middlesex County Medical Examiner's Office, North Brunswick, New Jersey, on 09/01/2012, beginning at 9:00 A.M., with the assistance of Forensic Technician Grohowski. Detective Flynn from the Old Bridge Police Department and Investigator Winter from the Middlesex County Prosecutor's Office are present.

IDENTIFICATION:

The body was visually identified by Lieutenant Molnar of the Middlesex County Prosecutor's Office.

EXTERNAL EXAMINATION:

The body is of normally developed, slender and musculature, 5 foot 4 inch, 158 pound, dark brown-skinned man, whose appearance is consistent with the reported age of 23 years. A gunshot wound and blunt impact injuries of the head are described below (See "INJURIES"). The black scalp hair is fashioned into 4-1/2 inch long dreadlocks. The eyes have brown irides. The teeth are in good condition. The oral mucosa is atraumatic. A black tattoo of "All Heart" in cursive script is on the left upper chest. A 1/4 inch circular scar is on the lower chest just right of midline. On the right side of the torso, within the axillary line, the following verse is tattooed in black cursive letters: "If there is a God he loves violence. It is his gift to mankind. It is truly magnificent and for this I am thankful. The victor has always been the one who brings the most death and destruction". The abdomen is unremarkable. The pubic hair is shaved. The genitalia are of a circumcised adult man with bilaterally descended testes. The back is unremarkable. A 1/2 inch linear vertical white scar is on the extensor surface of the right wrist. The hands are bound behind the back with a red plastic restraint cuff. Two dark brown moles with sharply demarcated borders are on the side of the left lower leg.

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POSTMORTEM CHANGES:

Rigor mortis is strong and symmetric. Livor mortis is partially fixed on the posterior surfaces of the body. The body is cold.

CLOTHING AND PERSONAL EFFECTS:

The following items are on the body: a digital camouflage long sleeve button up shirt with "U.S. Marines" above the left chest pocket and "Tyler" above the right chest pocket, white short-sleeved T-shirt, digital camouflage tactical pants with a tan web belt, white socks, and tan lace up boots. A green blouser strap is around the left ankle. Black tactical gloves are on the hands. Black straps of a chest rig harness are on the back and around the left arm.

INJURIES, EXTERNAL AND INTERNAL:

Gunshot wound of head:

An entrance gunshot wound is on the right side of the head at the parieto-occipital junction, 2 inches below the top of the head and 6 inches posterior to the glabella. It is a 3/8 inch circular perforation with 1/8 inch to 1/2 inch long lacerations radiating from the margins. A tiny amount of black soot is deposited at the wound margins. Gunpowder tattooing is not seen. The bullet perforated the right parietal-occipital calvarium, the right parietal, left parietal and left temporal lobes of the brain, the squamosal portion of the left temporal bone, and the superior aspect of the left temporal scalp. The exit gunshot wound defect is a 1/2 inch laceration, 1-1/4 inches below the top of the head and 4 inches posterior to the glabella.

The entrance wound defect in the right parietal-occipital calvarium is a 3/8 inch circular perforation with internal beveling and a slight amount of black soot deposited on the outer skull table. The exit wound defect in the left temporal bone is a 3/4 x 3/8 inch defect with focal external beveling. Multiple linear fractures radiate from both the entrance and exit defects across the right and left frontal and parietal calvarium. The right and left anterior and middle cranial fossae have multiple fractures. Dark red subarachnoid hemorrhage overlies the cerebrum. The wound path through the brain is large and ragged. The inferior surfaces of the right and left frontal, temporal, and occipital lobes have confluent contusion. Contusions in the superior aspects of the right and left frontal lobes and the right and left parietal lobes are due to the skull fractures described above. The right upper and lower eyelids and the medial aspect of the left upper eyelid have red and purple ecchymosis due to the skull base fractures.

The bullet path is from right to left, back to front, and upwards.

Blunt impact injuries of head:

A 1-1/4 x 3/8 inch red abrasion and contusion is midline on the forehead. A 1/2 inch long semicircular red abrasion and contusion is on the bridge of the nose. The nasal bones are without fracture.

The above injuries, having been described, will not be repeated.

INTERNAL EXAMINATION:

HEAD:

See "INJURIES". The brain weighs 1420 grams. The leptomeninges are delicate and transparent in regions without subarachnoid hemorrhage. Old cortical contusions are not identified. The cerebral hemispheres are approximately symmetric. The gyri are normal configuration and consistency. The external aspects of the brainstem and cerebellum are unremarkable. The arteries at the base of the brain are normal distribution and without aneurysm or atherosclerosis.

Coronal sections of the cerebrum reveal no focal abnormality in the cortex, white matter, or subcortical nuclei other than those related to the traumatic injuries described above. The subcortical nuclei are normally formed. The lateral and third ventricles are normal size. Neither heterotopias nor mass lesions are seen. Transverse sections of the brainstem and sagittal sections of the cerebellum are unremarkable.

NECK:

The strap muscles are without hemorrhage. The cervical vertebrae, hyoid and laryngeal and tracheal cartilages are without trauma. The airway is patent and unobstructed. A minimal amount of bloody mucus is within the airway.

BODY CAVITIES:

Organ situs is normal. There are abnormal fluid accumulations.

CARDIOVASCULAR SYSTEM:

The aorta has minimal atherosclerosis. The pulmonary arteries and vena cavae are without thrombus.

The heart weighs 295 grams. The coronary arteries have a right dominant distribution and are without atherosclerosis. The cardiac chambers are normal configuration and size. The foramen ovale is closed. Neither atrial nor ventricular septal defects are seen. Transverse sections of the heart reveal uniformly dark red myocardium without pallor, hemorrhage, softening or fibrosis. The cardiac wall thicknesses are as follows: left ventricle 1.1 cm; ventricular septum 1.8 cm; right ventricle 0.2 cm. The four cardiac valves are normally formed and unremarkable.

RESPIRATORY SYSTEM:

The right lung weighs 325 grams; the left lung weighs 280 grams. Both lungs have pink, well-aerated parenchyma without mass lesions, foci of consolidation, or aspirated blood. The bronchi are without mucus plugging or other obstruction.

GASTROINTESTINAL SYSTEM:

The tongue is without contusion or laceration. The esophageal mucosa is white. The stomach contains 5 ml. of pink opaque fluid. The gastric mucosa, small intestines, appendix, and colon are unremarkable.

HEPATOBIILIARY SYSTEM:

The liver weighs 1170 grams, has an intact capsule, and dark red soft parenchyma. The gallbladder contains 50 ml. of green viscid bile. The cystic and common bile ducts are normal caliber and unobstructed. The pancreas is normal size, color, and texture.

GENITOURINARY SYSTEM:

The right kidney weighs 115 grams; the left kidney weighs 130 grams. Both kidneys have smooth subcapsular surfaces and unremarkable dark red parenchyma. The ureters are normal caliber. The bladder contains 20 ml. of yellow clear urine. The bladder, prostate, and testes are unremarkable.

HEMIC AND LYMPHATIC SYSTEM:

The spleen weighs 85 grams, has an intact capsule, and firm purple parenchyma. The lymph nodes are not enlarged.

ENDOCRINE SYSTEM:

The pituitary, thyroid, and adrenals are unremarkable.

MUSCULOSKELETAL SYSTEM:

The clavicles, sternum, ribs, spine and pelvis are without fracture. The muscles are normal color and bulk.

TOXICOLOGY:

Samples of blood from the inferior vena cava, vitreous, gastric contents, bile, urine, and liver are collected.

PHOTOGRAPHS:

Photographs are taken by Forensic Technician Grohowski, Detective Flanigan and Investigator Winter.

EVIDENCE:

Fingerprint cards, a FTA blood blot card, and clothing (see "CLOTHING AND PERSONAL EFFECTS" for detailed description) are released to Investigator Winter of the Middlesex County Prosecutor's Office. Fingerprint cards and a FTA blood blot card are retained in the Middlesex County Medical Examiner's case file.

MICROSCOPIC EXAMINATION:

H&E stained sections of heart (right and left ventricles and ventricular septum), lung, liver, kidney, adrenal, spleen, pancreas, and thyroid are without significant pathologic change. Some alveoli contain hemorrhage. A scant amount of steatosis and a single minute focus of lymphocytic lobular inflammation are seen in the liver.

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A-12-282
TYLER, Terence

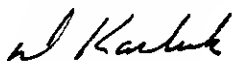
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PATHOLOGICAL DIAGNOSES:

- I. Gunshot wound of head.
 - A. Perforations of skull and brain.
 - B. Fractures, numerous, calvarium and skull base.
 - C. Contusions, numerous, brain.
- II. Contusion and abrasion, face.

CAUSE OF DEATH: Gunshot wound of head.

MANNER OF DEATH: Suicide.



Diane Karluk, M.D.
Assistant Medical Examiner

DK/mlb
DK12/20/12
Dist: SMEO, Pros. Office & File.

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ATLANTIC DIAGNOSTIC LABORATORIES, LLC.
3520 PROGRESS DRIVE SUITE C
BENSALEM, PA 19020
(267)525 - 2470

Patient Name: TYLER, TERENCE

Accession: 10671391

Date of Birth:

Sex: M

Sample ID/COC#: 7007376

Case #: 12-12-1069/A-12-282

Specimens Received: BLOOD, URINE

Date Collected/Time: 09/03/2012

Date Received: 09/03/2012 22:04

Client:

CL#: 8700

MIDDLESEX CO MEDICAL EXAMINER

1490 LIVINGSTON AVENUE

NORTH BRUNSWICK, NJ 08902

732-745-3190

Original Report Date: 9/5/2012 10:33:07 AM

Printed: 09/05/12 10:33 AM PST

Test Name	In Range	Out of Range	Reference Range	Units
REPORT SUMMARY				
	* NO ALCOHOLS, AMPHETAMINES, BARBITURATES, BENZODIAZEPINES, CANNABINOIDS, COCAINE, FENTANYLS, METHADONE, OPIATES, OTHER EXTRACTABLE ORGANIC COMPOUNDS, PCP, PROPOXYPHENE, SALICYLATES AND TRICYCLIC ANTIDEPRESSANTS WERE DETECTED IN SUBMITTED SPECIMENS.			
DRUG SCREEN S/B / U				
AMPHETAMINE - S/B	NEGATIVE		1000	NG/ML
BARBITURATE- S/B	NEGATIVE		500	NG/ML
BENZODIAZEPINE - S/B	NEGATIVE		25	NG/ML
COCAINE S/B	NEGATIVE		300	NG/ML
FENTANYL S/B	NEGATIVE		0.5	NG/ML
MARIJUANA S/B	NEGATIVE		25	NG/ML
OPIATES -S/B	NEGATIVE		150	NG/ML
OXYCODONE - S/B	NEGATIVE		10-100	NG/ML
PHENCYCLIDINE - S/B	NEGATIVE		25	NG/ML
METHADONE S/B	NEGATIVE		150	NG/ML
PROPOXYPHENE - S/B	NEGATIVE		150	NG/ML
TRICYCLIC - S/B	NEGATIVE		300	NG/ML
AMPHETAMINE / ECSTASY - U	NEGATIVE		1000	NG/ML
BARBITURATE - U	NEGATIVE		300	NG/ML
BENZODIAZEPINE - U	NEGATIVE		300	NG/ML
COCAINE METAB-U	NEGATIVE		300	NG/ML
FENTANYL - U	NEGATIVE		0.5	NG/ML
MARIJUANA - U	NEGATIVE		50	NG/ML
METHADONE/EDDP - U	NEGATIVE		100	NG/ML
OPIATE - U	NEGATIVE		300	NG/ML
OXYCODONE U	NEGATIVE		100	NG/ML
PCP - U	NEGATIVE		25	NG/ML
PROPOXYPHENE - U	NEGATIVE		300	NG/ML
TRICYCLIC SCREEN - U	NEGATIVE		300	NG/ML
BUPRENORPHINE U	NEGATIVE		20	NG/ML
ANALGESIC PANEL				
ACETAMINOPHEN S/B	NEGATIVE		NEGATIVE	MG/L
ACETAMINOPHEN SCREEN (UA)	NEGATIVE		NEGATIVE	NG/ML

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MIDDLESEX CO MEDICAL EXAMINER
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NORTH BRUNSWICK, NJ 08902
732-745-3190

Original Report Date: 9/5/2012 10:33:07 AM

Printed: 09/05/12 10:33 AM PST

Test Name	In Range	Out of Range	Reference Range	Units
SALICYLATES S/B	NEGATIVE		NEGATIVE	MG/L
SALICYLATES UR	NEGATIVE		NEGATIVE	MG/L
ANTICOAGULANT BLOOD SCREEN				
WARFARIN S/B	NEGATIVE		NEGATIVE	MG/L
ANTACID URINE SCREEN				
RANITIDINE UA	NEGATIVE		NEGATIVE	MG/L
ANTICONVULSION SCREEN				
CARBAMAZEPINE S/B	NEGATIVE		NEGATIVE	MG/L
CARBAMAZEPINE - U	NEGATIVE		NEGATIVE	UG/ML
PHENYTOIN S/B	NEGATIVE		NEGATIVE	UG/ML
ANTIDEPRESSANTS SCREEN				
AMOXAPINE S/B	NEGATIVE		NEGATIVE	NG/L
AMOXAPINE U	NEGATIVE		NEGATIVE	NG/L
LOXAPINE S/B	NEGATIVE		NEGATIVE	NG/L
LOXAPINE U	NEGATIVE		NEGATIVE	NG/L
PAROXETINE S/B	NEGATIVE		NEGATIVE	NG/ML
PAROXETINE U	NEGATIVE		NEGATIVE	NG/L
PHENOTHIAZINES S/B	NEGATIVE		NEGATIVE	UG/L
PHENOTHIAZINES U	NEGATIVE		NEGATIVE	UG/ML
QUETIAPINE S/B	NEGATIVE		NEGATIVE	NG/ML
QUETIAPINE U	NEGATIVE		NEGATIVE	NG/ML
SERTRALINE S/B SCREEN	NEGATIVE		NEGATIVE	
SERTRALINE U	NEGATIVE		NEGATIVE	MG/L
TRAZODONE S/B	NEGATIVE		0.5 - 2.5	MG/L
TRAZODONE U	NEGATIVE		NEGATIVE	NG/ML
VENLAFAXINE S/B	NEGATIVE		NEGATIVE	NG/ML
VENLAFAXINE U	NEGATIVE		NEGATIVE	NG/ML
ANTI HISTAMINE URINE SCREEN				
DIPHENHYDRAMINE U	NEGATIVE		NEGATIVE	NG/ML
DOXYLAMINE U	NEGATIVE		NEGATIVE	NG/ML
EPHEDRINE U	NEGATIVE		NEGATIVE	NG/ML
HYDROXYZINE U	NEGATIVE		NEGATIVE	NG/ML
PSEUDOEPHEDRINE U	NEGATIVE		NEGATIVE	NG/ML
ANTI PSYCHOTIC BLOOD SCREEN				
CLOZAPINE S/B	NEGATIVE		0.10 - 1.50	MG/L

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Date of Birth:
Sex: M

CL#: 8700
Client: MIDDLESEX CO MEDICAL EXAMINER
1490 LIVINGSTON AVENUE
NORTH BRUNSWICK, NJ 08902
732-745-3190

Sample ID/COC#: 7007376

Original Report Date: 9/5/2012 10:33:07 AM
Printed: 09/05/12 10:33 AM PST

Case #: 12-12-1069/A-I2-282
Specimens Received: BLOOD, URINE
Date Collected/Time: 09/03/2012
Date Received: 09/03/2012 22:04

Test Name	In Range	Out of Range	Reference Range	Units
NORCLOZAPINE S/B	NEGATIVE		0.05 - 0.50	MG/L
ANTIHYPERTENSIVE SCREEN				
METOPROLOL U	NEGATIVE		NEGATIVE	NG/ML
VERAPAMIL S/B	NEGATIVE		NEGATIVE	NG/ML
VERAPAMIL U	NEGATIVE		NEGATIVE	NG/ML
CARDIAC URINE SCREEN				
DILTIAZEM U	NEGATIVE		NEGATIVE	NG/ML
LIDOCAINE U	NEGATIVE		NEGATIVE	MG/L
QUININE - U	NEGATIVE		NEGATIVE	NG/ML
MUSCLE RELAXER SCREEN				
CARISOPRODOL S/B	NEGATIVE		3-26	MG/L
CARISOPRODOL UA	NEGATIVE		NEGATIVE	MG/L
MEPROBAMATE S/B	NEGATIVE		3.0 - 26.0	MG/L
MEPROBAMATE UA	NEGATIVE		NEGATIVE	MG/L
METHOCARBAMOL UA	NEGATIVE		NEGATIVE	MG/L
NSAID S/B SCREEN				
IBUPROFEN S/B	NEGATIVE		NEGATIVE	MG/L
IBUPROFEN U	NEGATIVE		NEGATIVE	MG/L
NAPROXEN S/B	NEGATIVE		NEGATIVE	MG/L
NAPROXEN U	NEGATIVE		NEGATIVE	MG/L
SEDATIVE URINE SCREEN				
CHLORAL HYDRATE U	NEGATIVE		NEGATIVE	MG/L
STIMULANTS S/B SCREEN				
CAFFEINE S/B	NEGATIVE		0.0 - 30.0	MG/L
SYNTHETIC NARCOTICS URINE				
DEXTROMETHORPHAN U	NEGATIVE		NEGATIVE	NG/ML
MEPERIDINE - U	NEGATIVE		NEGATIVE	MG/L
TRAMADOL UA	NEGATIVE		NEGATIVE	NG/ML
TRICYCLICS URINE SCREEN				
AMITRIPTYLINE U	NEGATIVE		NEGATIVE	
DESIPRAMINE U	NEGATIVE		NEGATIVE	
DOXEPIN U	NEGATIVE		NEGATIVE	
NORDOXEPIN U	NEGATIVE		NEGATIVE	
TRIMIPRAMINE U	NEGATIVE		NEGATIVE	
NORTRIPTYLINE URINE	NEGATIVE		0.05-0.2	MG/L

Page 3 Continued on Page 4

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Sex: M

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MIDDLESEX CO MEDICAL EXAMINER
1490 LIVINGSTON AVENUE
NORTH BRUNSWICK, NJ 08902
732-745-3190

Sample ID/COC#: 7007376

Original Report Date: 9/5/2012 10:33:07 AM
Printed: 09/05/12 10:33 AM PST

Case #: I2-12-1069/A-12-282
Specimens Received: BLOOD, URINE
Date Collected/Time: 09/03/2012
Date Received: 09/03/2012 22:04

Test Name	In Range	Out of Range	Reference Range	Units
VOLATILES SERUM SCREEN				
ACETONE S/B	<100		NEGATIVE	MG/L
	ACETONE METABOLIC IMBALANCE: INDICATED >150 MG/L			
ETHANOL S/B	<0.010		NEGATIVE	GM/DL
	DETECTION LIMIT .01 GM/DL			
ISOPROPANOL S/B	<0.010		NEGATIVE	GM/DL
	ACETONE CONCENTRATIONS ABOVE 200 MG/L INDICATES ISOPROPANOL INGESTION.			
METHANOL - S/B	<0.010		NEGATIVE	GM/DL
	DETECTION LIMIT 0.010 GM/DL			
BUPRENORPHINE S/B	NEGATIVE			
NORBUPRENORPHINE S/B	NEGATIVE			
-	-			